More cost-effectiveness studies are needed across the continuum of care

There is limited evidence that **SUPPLY** and **DEMAND** side strategies to help improve the health of mothers and babies are cost-effective. Of the few cost-effectiveness studies reported, **most focus on pregnancy care and community-based strategies**.

A systematic review identified a range of strategies implemented at different levels of the health system and targeted different aspects of the continuum of care: SUPPLY: Cost-effectiveness studies on strategies to improve the supply of healthcare DEMAND: Cost-effectiveness studies on strategies to generate demand for healthcare Newborn care Pregnancy care Childbirth care Post-partum care women's groups on maternal and newborn health Family and midwife led women's groups train CHWs & volunteers community care train traditional birth attendants emergency transport media campaign local leaders promote facility-birth local leaders promote ANC train traditional birth attendants home-based care compare home, community & facility care facility-based quality improvement initiative First-level facilities reduce cost of ANC and facility births enhance care for newborns universal vs targeted services improve care at birth bamako initiative extend content of antenatal care

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Source: Adapted from Mangham-Jefferies L, Pitt C, Cousens S, Mills A, Schellenberg J. (2014) Cost-effectiveness of strategies to improve the utilization and provision of maternal and newborn health care in low-income and lower-middle-income countries: a systematic review. BMC Pregnancy and Childbirth, 14:243



improve care in maternity hospitals

treat obstetric fistula



upgrade special newborn care

train new cadre in EmOC